

## ADDITIONAL OUTSIDE EMPLOYMENT AGREEMENT GRAND FORKS COUNTY SOCIAL SERVICES

Grand Forks County Social Services employees seeking outside employment should use this form. This form, when approved by the Director/Supervisor, is an agreement between the agency and the employee to assure that additional employment will not represent a conflict of interest between the employee and the agency.

Employer: \_\_\_\_\_ Nature of Work: \_\_\_\_\_

- 1) My additional outside employment will not interfere with my job performance with the Grand Forks County Social Services.
- 2) I will not be acting as an agent or employee of the Grand Forks County Social Services.
- 3) I understand the Agency expressly disclaims any responsibility for my actions or omissions occurring during my outside employment and will not indemnify me for any losses or liabilities incurred.
- 4) I understand the Agency's professional liability insurance does not extend to coverage to me while engaged in outside employment.
- 5) I will not use space, supplies, materials, clerical staff and other resources of the Agency in my additional employment.
- 6) My time on the job with Grand Forks County Social Services will not be used for telephone calls, conferences, preparation or any other activity that is related to my additional employment.
- 7) Upon request, I will furnish my supervisor with my additional employment work schedule to allow planning for and avoid any work scheduling conflicts with my regular employment.
- 8) I assure that no information originating from the Department of Human Services or Grand Forks County Social Services will be used by me in the course of outside employment, unless the identical information is available and could be utilized by the general public.
- 9) I will not charge anyone for outside employment services if I had an obligation to perform those same services for that person as part of regular employment with Grand Forks County Social Services.

I understand that a violation of any one of these provisions may lead to disciplinary action including termination of employment. I agree to inform my supervisor immediately of any changes in my outside employment status, or of any violations of this agreement.

Employee's Signature	Date
Supervisor's Recommendation:	
Supervisor's Signature	Date
Director:      Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Comments:	

This form is to be renewed annually. Supervisors may rescind this agreement without notice if a violation is harmful to the Agency's clients or not in the public's best interest.

**Distribution:** Employee  
                    Personnel File